ON-CAMPUS EVENT
TRAVEL AUTHORIZATION
UNIVERSITY OF NEBRASKA–LINCOLN

As Parent/Guardian of ____________________________________________, I authorize him/her to travel in University-approved vehicles to and from the event on the Lincoln campuses.

PARENT/GUARDIAN’S RELEASE OF CLAIMS

Affirmation and Release executed this _______ day of _________ (Month), ________ (Year) by _______________________

____________________________________________ (Parent/Guardian) of ____________________________________________

City of______________________________________________, County of ____________________________________________

State of ____________________________________________, individually and as Parent/Guardian of ____________________________________________

____________________________________________ (referred to in this document as Minor) in favor of the Board of Regents of the University of Nebraska.

Parent/Guardian wishes Minor to participate in the on-campus event provided University of Nebraska-Lincoln. In consideration of the privilege of Minor’s participation in this activity, Guardian agrees to the clause:

Guardian, with the intention of binding himself/herself and Minor and their respective heirs, legal representatives, and assigns, assumes all risks in connection with the on-campus event and hereby releases all instructors, agents, operators and officials of UNL from liability for any injury or damage which may befall Minor while traveling to and from the on-campus event, and agrees to save and hold harmless UNL and UNL’s heirs, legal representative, successors and assigns against loss from any further claims, demands or actions that may subsequently be brought by Minor or any other person or persons arising out of the Minor’s participation in the travel to and from on-campus event at UNL.

Guardian certifies that he/she is of lawful age and legally competent to sign this affirmation and release and that he/she understands that the terms contained herein are contractual and not mere recitals.

Signature of Parent/Guardian ____________________________________________ Date ___________________________

Name of Parent/Guardian ____________________________________________ month/day/year

Emergency Contact Name ____________________________________________ Emergency Contact Phone Number

2nd Emergency Contact Name ____________________________________________ 2nd Emergency Contact Phone Number

The University of Nebraska–Lincoln does not discriminate based on gender, age, disability, race, color, religion, marital status, veteran’s status, national or ethnic origin or sexual orientation.

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